

**Matters of a PRIVATE NATURE considered at the Meeting of the BOARD OF DIRECTORS held on Wednesday 15th June, 2011, in the Board Room, Royal Hallamshire Hospital**

**PRESENT:**

Mr. D. R. Stone (Chair)

Sir Andrew Cash

Ms. K. Major

Professor H. A. Chapman

Mr. V. Powell

Mr. J. Donnelly

Mr. N. Priestley

Ms. V. Ferres

Professor M. Richmond

Mr. M. Gwilliam

Mr. I. Thompson

Ms. S. Harrison

Professor A. P. Weetman

**APOLOGY:**

Mrs. J. Norbron

Mr. J. Phelan

**IN ATTENDANCE:**

Miss S. Coulson

Mr. N. Riley

Mr. A. Riley

Dr. D. Breen – item STH/70/11

Dr. L. McLellan – item STH/69/11

Dr. D. Hughes – item STH/72/11

Mr. K. O'Regan – item STH/74/11

Prior to commencement of business, the Chairman informed members that Mrs. Jane Norbron had completed her term of office and, on behalf of the Board, thanked her for the work she had done over the past four years, particularly in chairing the Human Resources Committee of the Board.

He informed Members that Mrs. Rhiannon Billingsley, Pro Vice Chancellor, Faculty of Health and Wellbeing, Sheffield Hallam, had been appointed as a Non Executive Director with effect from 1<sup>st</sup> July, 2011. She had been a Governor for a number of years. She would take over the responsibility of chairing the Human Resources Committee.

John Donnelly had agreed to take on the role of the named Non Executive Director for Whistleblowing and would pick up the on-going case.

**STH/66/11**

**Minutes of the Previous Meetings**

The Minutes of the Meetings held on Wednesday 18th May, 2011 were **APPROVED** and **SIGNED** by the Chairman as a correct record.

**STH/67/11**

**Matters Arising:**

(a) **2011/12 Monitor Annual Plan Submission**

(STH/57/11) Director of Finance referred to the final version of the 2011/12 Monitor Annual Plan Submission circulated with the agenda papers (Enclosure B). He reported that:

- the plan was submitted to Monitor on 31<sup>st</sup> May 2011 as required.
- all Board declarations were made with the exception of that relating to C Difficile where the Q1 target had already been exceeded.
- the Financial Risk Rating for 2011/12 (and the following 2 years) was 3.
- along with the Medical Director he had taken part in a telephone conference with Monitor (at Monitor's request) on 14<sup>th</sup> June, 2011, to inform its review process.

- Formal feedback would be received from Monitor in due course.

(b) Transforming Community Services

(STH/53/11(a)) The Chief Executive introduced this item and explained that everything was progressing satisfactorily in terms of the next steps. He reported that:

- the Investment Committee had signed off the corporate services consultation arrangements at their meeting on Friday 3<sup>rd</sup> June, 2011.

Ms. Ferres expressed concern that as a member of the Investment Committee she had not been notified of the meeting. The Trust Secretary explained that he had not contacted her as he was of the belief she was on sick leave and offered his apologies.

- the integration of community corporate services with existing STH services had commenced on 7<sup>th</sup> June, 2011 with a 30 day consultation of proposals with staff organisations and individual staff. The process of integrating corporate services was scheduled for completion by October 2011.
- the clinical services review had also commenced with a joint planning workshop held on 7<sup>th</sup> June, 2011 to discuss the organisation of clinical services and how best to achieve the maximum improvement of clinical outcomes, patient experience and value for money.
- the advert for the post of Clinical Director for the Community Services Care Group had gone out. The intention was that the successful candidate would commence post from 1<sup>st</sup> October 2011.

The Chief Executive stated that Transforming Community Services would be addressed in more detail at the Board's Strategic Session on Thursday 16<sup>th</sup> June, 2011 but unfortunately he was unable to be present at that session as he was required to attend a preparatory meeting concerning his appearance as a witness at the Francis enquiry. Discussions at the strategic session would focus on the integration of clinical services, devising an appropriate management structure and how to get GPs into leadership positions either on a geographical basis or a themed basis or both.

The Chairman reported that, together with the Chairman of NHS Sheffield, they had had a very positive meeting with the new cabinet member for health and well being, Councillor Mary Lea and she had agreed to join the Transforming Health and Social Care in Sheffield Steering Group.

**STH/68/11**

**Discussion on morning's visit to Beech Hill**

Members made the following comments on the visit:

- The visit was well organised, interesting and informative;
- They were encouraged by the amount of enthusiasm shown by staff and by their attitude;
- They sensed a willingness and desire to work together more than expected;
- There were lessons to be learned from them i.e. development of staff with multi disciplinary roles, single point of access, ways of attracting new business;

- Was the infrastructure in place to enable them to do the things they need to do to change?
- It was interesting to see how therapy services were delivered e.g. focus on carers as well as specific patients' needs.

The Chairman emphasised that it was important that the Trust was seen to make service improvements and the focus was on developing better patient care and having a proper strategy to do that. It was important that the Trust demonstrated some early wins as soon as possible.

It was **AGREED** that the Trust Secretary should draft a letter for the Chairman to send to the Ruth Brown to thank her and her team for an interesting and informative visit.

**Action: Mr. N. Riley**

## **STH/69/11**

### **Clostridium Difficile (C.diff) Action Plan**

Chief Nurse/Chief Operating Officer introduced the item and Dr. Liz McLellan, Consultant Microbiologist gave a detailed presentation (copy attached to the Minutes).

The Chief Nurse explained that Dr. Christine Bates, Director of Infection Prevention and Control, would normally present to the Board but she was currently on leave so Dr. McLellan had kindly agreed to deputise for her. She explained that the Trust had been set an extremely challenging C.Diff target of 134 cases and to date the Trust was behind on trajectory. The Trust had already had 57 cases this financial year.

Dr. McLellan's presentation covered the following areas:

- What was C.difficile?
- How did it cause disease?
- Trust attributable cases from January 2007 to date
- Dealing with clusters
- Action required

The Chief Nurse/Chief Operating Officer concluded by presenting the Trust's action plan to address the position. The key actions to be taken post September 2011 were:-

- Reducing Contamination on High Risk Wards
  - Establish plans for cleaning / decontamination during any Norovirus outbreaks over winter.
  - On high risk wards, only fans which can be easily cleaned at ward level to be used
  - Reconfigure services to enable a vacant ward to become available at the Northern General Hospital site to be used as a decant ward for the deep clean programme.
- Optimising Infection Prevention and Control Practice
  - Review of which wards remain 'high risk' or have become high risk
  - Evaluate the use of DIFFICIL-S®.
- Evidence Based Prescribing
  - New inpatient prescription chart to be implemented and audited
  - Guidelines on prescription and rationalisation of proton pump inhibitor to be audited as part of the quarterly antibiotic audits

- C.diff Case Follow Through and Actions
  - A summary of lessons learnt and actions required aggregated from Root Cause Analysis to be disseminated
- Raising the Profile of Infection Prevention and Control
  - Further *C.diff* summits to be held
- Monitoring
  - Weekly / daily monitoring to continue

The Trust Secretary briefed members on the regulatory aspect of this matter and the consequences of missing the target in 3 consecutive quarters. If the Trust failed in 3 consecutive quarters it would be rated red override and that would trigger a review meeting with Monitor to discuss the cause and what action was being taken to resolve the position. Monitor would then decide whether or not the Trust was in breach of its obligations. He explained that the Trust had already experienced that process last year in relation to the Accident and Emergency target. It was a serious matter which could lead to a range of possible outcomes e.g. the worst case scenario being the removal of the Board.

The Chief Executive reiterated that it was a serious matter and stated that there was an absolute commitment to achieving the year end target of 134 cases. Nevertheless, the Board should note that it may not be possible to meet the trajectory for Quarter 3.

During discussion members asked why the number of cases of C.Diff had increased, particularly on the Northern General Hospital site. Dr. McLellan explained that there was no one specific factor that was causing the increase in cases. It was more an accumulation of factors e.g. environmental contamination, high occupancy rates, antibiotic prescribing and case mix, lack of a decant ward. The Medical Director explained that the Northern General Hospital site was a “hot” site and there was a great pressure on its beds in terms of turnover and that in itself caused problems. It was also noted that the increase in cases did not relate to activity levels as February and March were good months in terms of cases of C.diff but were two of the Trust’s busiest months in terms of activity.

The Chief Nurse explained that the Infection Control Team had looked at other organisations of similar size and complexity, those performing well and not so well. Members of the Infection Control Team would be visiting Cambridge in the next few weeks to see if there were any lessons to be learned.

In response to a question regarding screening patients, Dr. McLellan stated that there was a strong push towards screening symptomatic patients up to and including day 3 rather than current practice of screening at day 4. She stated that it was not feasible and of no benefit to take samples from patients who did not have diarrhoea.

The Chief Executive stated that he was satisfied that a robust action plan was in place and one of the key tasks post September 2011 was the creation of a decant ward at the Northern General Hospital. The Chairman stated that, although the action plan identified Lead Directors against each action, the responsibility for implementing it rested with the Board of Directors.

The Board of Directors **APPROVED** the C.Difficile Action Plan.

## **STH/70/11**

### **Clinical Update: Patient Safety Issues**

Dr. Des Breen, Associate Medical Director, Patient Safety, was in attendance and gave a presentation on Patient Safety Issues (copy attached to these Minutes)

The key points to note were:-

- To date 12 workstreams had been established
- He highlighted the Deteriorating Patient Workstream and the improvements in patient care that had been achieved
- The Falls workstream focussed on the wards in the Hadfield Block. It was noted based on analysis some patient falls appeared to be attributed to the environment e.g. wide open corridors, doors and buzzers
- The aim was to attempt to run 4 safety themes on several wards at the same time
- May need a small team (10-15 people) centrally, supplemented by capacity at ward level
- Governors were involved in the patient safety campaign

The Chairman expressed concern at the timescale for rolling out some of the work. Dr. Breen indicated that it could be speeded up as part of the strategy, a draft of which had been forwarded to the Trust Executive Team for consideration.

The Chairman thanked Dr. Breen for his informative presentation.

## **STH/71/11**

### **Minutes of the Meetings:**

- (a) Unadopted Minutes of the Meeting of the Healthcare Governance Committee held on Monday 16<sup>th</sup> May, 2011

Professor Weetman presented the Minutes of the above meeting and highlighted the following items:

- Q1 2010/11 IPC Programme – The Chief Nurse/Chief Operating Officer referred to IPC Programme circulated with the agenda papers (Enclosure E1). Overall she reported that good progress had been which made the C.Difficile position even more disappointing.
- Staff Incidents: January to March 2011 – The Medical Director referred to the report on staff incidents circulated with the agenda papers (Enclosure E2) and stated that there was nothing of any significance to report.
- Customer Care Standards (including a copy of The Commitment to Customer Care Guide) - The Chief Nurse/Chief Operating Officer referred to the report on Customer Care Standards circulated with the agenda papers (Enclosure E3). She explained that staff attitude was an area of complaint which needed to be addressed and it was hoped that the implementation of the Customer Care Standards would do that. She reported that the 'Commitment to Customer Care' was launched by the Chief Executive on 7<sup>th</sup> April, 2011 at an event attended by 80 staff. It was part of the customer care initiative to improve patient experience. The standards had now been implemented and staff had attended training workshops.
- CQC Caesarean Section Alert - The Medical Director referred to the report regarding CQC Caesarean Section Alert circulated with the agenda papers (Enclosure E4). Further to his report to the Board of Directors in May 2011, he reported that he had received confirmation from the CQC that they were happy with the action taken by the Trust and the subsequent improvement in the Trust's caesarean section rates and that the case was now closed.

The Board of Directors **RECEIVED** and **NOTED** the Unadopted Minutes of the Meeting of the Healthcare Governance Committee held on Monday 16<sup>th</sup> May, 2011.

(b) Minutes of the Meeting of the Human Resources Committee held on 23<sup>rd</sup> May, 2011

The Director of Human Resources Committee presented the Minutes of the above meeting and highlighted the following items:

- Staff Survey – he reported that the response rate was below average. The results from the survey were set out in the Minutes.
- Appraisals – he explained that appraisal practice across the Trust was patchy. The NHS Staff survey results indicated that only 50% of Trust staff received an annual appraisal. Therefore, as an interim measure, the appraisal process and paperwork had been simplified in line with new national guidance to make it easier for departments to use where appraisals were not currently undertaken. The new paperwork had been circulated throughout the Trust and Managers had been requested to ensure that all staff received an appraisal during this financial year and that it was documented and recorded appropriately.

The Staff Engagement Steering Group would be responsible for evaluating the effectiveness of the appraisal system and would report its findings to the Trust Executive Group.

- Schedule of Work – This was presented for information. The Board of Directors **NOTED** the contents of the Human Resources Committee Schedule of Work for 2011/12

The Chairman pointed out that the staff numbers were up by 100. The Director of Human Resources explained that if the number of externally funded posts were subtracted from the figures staff numbers were actually down by 100.

The Chairman asked if future reports could include a graph (covering the same period of time as the other categories) showing “people costs” as he felt that that type of information was more significant than staff numbers.

The Board of Directors **RECEIVED** and **NOTED** the Minutes of the Meeting of the Human Resources Committee held on 23<sup>rd</sup> May, 2011.

(c) Unadopted Minutes of the Audit Committee held on Thursday 26<sup>th</sup> May, 2011

Mr. Vic Powell presented the Minutes of the above meeting which was solely related to the approval of the 2010/11 Annual Report and Accounts. He reported that the Auditors had not identified any material errors from the audit of the financial statements and had issued an unqualified opinion on the financial statements on 27<sup>th</sup> May, 2011.

On behalf of the Board to the Directors, Mr. Powell extended his congratulations to the Director of Finance and his team for their hard work and professionalism in preparing the accounts.

The Board of Directors **RECEIVED** and **NOTED** the Minutes of the Meeting of the Audit Committee held on Thursday 26<sup>th</sup> May, 2011 and **RATIFIED** the decision of the Audit Committee to approve the 2010/11 Annual Report and Accounts

(d) Minutes of the Meeting of the Finance Committee held on Monday 6<sup>th</sup> June, 2011

Mr. Vic Powell presented the Minutes of the above meeting and highlighted the following point:

- Contract issues – Mr. Powel felt that the Trust should write to NHS Sheffield to bring to their attention some of the actions that needed to be taken to improve the working partnership between the two organisations.

The Chief Executive reported that the Chairs and Chief Executives had met and two specific actions which had come out of the meeting was that the GPAU review should proceed and that the continuing healthcare review needed further attention;

It was also noted that the Annual Contract Agreement was a critical document and needed to be agreed and signed off.

- Directorate 4<sup>th</sup> Cut Plans - Mr. Thompson commented on the potential £12 million financial gap in the Directorate plans and asked if the Trust had a contingency plan to rectify that position should it materialise. The Director of Finance explained that it was all part of the Trust's efficiency plan to save £36 million. He stated that he would be able to assess the position once the first set of budget statements were available.

The Board of Directors **RECEIVED** and **NOTED** the Minutes of the Meeting of the Finance Committee held on Monday 6<sup>th</sup> June, 2011

**STH/72/11**

**Compliance with Cancer Waiting Times Requirements: presentation**

Director of Service Development and Dr. David Hughes, Cancer Lead Clinician gave a joint presentation on cancer waiting time requirements (copy attached to these Minutes).

The Director of Service Development outlined the Monitor Compliance Framework and explained that there were 8 cancer standards grouped into 4 targets e.g.

	<u>Governance score</u>
➤ 2WW from urgent GP referral [93%] or breast symptomatic patients [93%]	0.5
➤ 31 day diagnosis to first treatment [96%]	0.5
➤ 31 day subsequent treatment (drugs [98%], surgery [94%], radiotherapy [94%])	1.0
➤ 62 days to first treatment from either urgent GP referral [85%] or screening service [90%]	1.0

She explained that the major challenge was the 62 day target which the Trust had failed to achieve in Quarters 3 and 4. Therefore it was vital that it was achieved in Quarter 1 otherwise the Trust would be in 'Red Override'.

Dr. Hughes briefed members on the corporate level action both short term and long term which included:

- Awareness raising
- More robust interpretation of rules
  - breach reasons
  - reallocation agreement
- Revised interim proactive breach escalation policy
- New policy linked to timed pathways and risk stratification
- Review reduced capacity due to multiple leave and non-pooling of lists
- Weekly reporting to Chief Executive
- Summit meetings with MDT leads and general managers
- Local DGHs' position and paper to Cancer Board

Immediate actions were:-

- Maintenance of 62 day GP position – close monitoring and proactive breach escalation.
- Detailed management of screening patients and maximising of positive records.

The Director of Service Development explained that if the Trust achieved the target in Quarter 1 it was important to ensure that that position was sustainable. In order to do that she proposed that the Board of Directors consider trying to negotiating a rule such as had been negotiated by Christie and Hull. She demonstrated the impact for the Trust when applying both the Christie and Hull rule to the Trust's performance.

The Chief Executive reported that the District General Hospitals' performance was presented to the Cancer Board to demonstrate the Trust's difficulty in achieving the target and there was strong Commissioner support for improving the position.

Following discussion, the Board of Directors **RESOLVED** that, if the position did not improve quickly, the Director of Service Development and Dr. Hughes should proceed and negotiate a Hull rule for implementation from the beginning of Quarter 3 provided it did not disadvantage patients and was negotiated rather than imposed.

**Action: Ms. Kirsten Major/Dr. David Hughes**

## **STH/73/11**

### **Chief Executive Officer Report**

The Chief Executive presented his written report (Enclosure I) circulated with the agenda papers and highlighted the following points:

- He had nothing further to report on performance and infection control which had been covered elsewhere on the agenda.
- He tabled a document for information which summarised the Government's key changes in response to the NHS Future Forum
- He was pleased to report the appointment of Mr. Thomas Westin, Consultant in ENT had been appointed Clinical Director for ENT Services and would take up post from 1<sup>st</sup> July, 2011.
- He was also pleased to report that a Raied Abdul-Karim had been appointed as the new IT Director and would take up post in September 2011.

Mr. Thompson referred to discussions at a previous Board meeting regarding the need to expose Executive Directors to the contents of the Leadership Course if they were to act as mentors for staff and asked if that had happened. The Chief Executive explained that the



first cohort had been launched and each Executive Director would attend one of the sessions. He also confirmed that Executive Directors were either on the Top Leader Programme or had a bespoke programme. He would be happy to inform Non Executive Directors when the courses were if that would be helpful and stated that the next Leadership Forum was being held on Friday 17<sup>th</sup> June, 2011, at The Edge in Sheffield which Non Executive Directors were welcome to attend.

## **STH/74/11**

### **For Approval/Ratification:**

#### **(a) Catering – Full Business Case**

The Director of Finance introduced this item and Mr. Kevin O'Regan, Hotel Services Director, was in attendance.

The Director of Finance referred to the Catering Full Business Case circulated with the agenda papers (Enclosure J). He explained that the Board of Directors approved the outline business case last summer and since then the approved option (Option 5A - £10.5 m) had been reviewed and re-engineered resulting in the development of Option 5B at a reduced cost of £7.1 m over a 3 year phased programme. It was noted that the re-engineered scheme would still deliver the quality benefits to patients but there would be an increased requirement for maintenance, planned equipment and plant replacement in comparison to Option 5A.

The Full Business Case had been approved by both the Capital Investment Team and the Trust Executive Team.

The Board of Directors **APPROVED** the Full Business Case (Option 5A) at a capital allocation of £7.1 million to be delivered over a phased 3-year period (2011 – 2014)

#### **(b) Operational Policy and Procedure for Annual Pre-booked Theatre Profile and Positive Booking of Operating Theatre Lists (For Ratification)**

The Medical Director referred to the Operational Policy and Procedure for Annual Pre-booked Theatre Profile and Positive Booking of Operating Theatre Lists circulated with the agenda papers (Enclosure K). He explained that it was an extremely important policy which would ensure that theatres were utilised efficiently and cost effectively. It would also enable the Operating Services, Critical Care and Anaesthesia Directorate to match capacity to demand.

The policy and procedure had been approved by TEG.

The Board of Directors **RATIFIED** the policy and procedure.

#### **(c) Common Seal**

The Board of Director approved the affixing of the Common Seal to the following documents:

- Contract between STH NHS Foundation Trust and Henry Boot Construction (UK) Ltd in relation to works to form a new Burns Unit at the Northern General Hospital (Contract Value: £1,101,548.00)

- Licence for alternations and a Lease between STH NHS Foundation Trust and Mr. David Barker for the Old Entrance Lodge and Flower Shop at the Northern General Hospital

### **STH/75/11**

#### **Medical and Dental Staff Exclusions**

The Medical Director reported that a Community Dentist remained excluded and the case was following due process.

### **STH/76/11**

#### **Any Other Business**

(a) Mr. Chris Linarce

The Chairman was pleased to report that Mr. Chris Linacre had been awarded an MBE in the recent honour awards round and had sent him the Board's congratulations.

(b) Board Strategic Session

The Chairman confirmed that the Board Strategic Session arranged for 16<sup>th</sup> June 2011 would go ahead but with a modified agenda.

It was **AGREED** that in future that agenda and supporting papers for Board strategic sessions should be circulated a week in advance to allow members sufficient time for study them and prepare for the session.

**(Action: Mr. N. Riley)**

(c) Board Papers

It was **AGREED** that Board papers should reach Board members by the Friday before the date of the Board Meeting at the latest to allow members sufficient time to study and digest them.

**(Action: Mr. N. Riley)**

### **STH/77/11**

#### **Date and Time of Next Meeting –**

The next Meeting of the Board of Directors would be held at 11.00 am on Wednesday 20<sup>th</sup> July 2011, in the Board Room, Northern General Hospital